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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	JAM770
First Named Inventor	Aaron Tabor
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**article of manufacture and method for tree shaped  
candle holder**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to:  Customer Number: **30245** OR  Correspondence address below

## Name

Anthony Edw. J Campbell

## Address

PO Box 160370

## City

Austin

## State

TX

## ZIP

78716-0370

## Country

## Telephone

## Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**

A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])**Aaron**Family Name  
or Surname**Tabor**Inventor's  
Signature

## Date

*11-10-3*

## Residence: City

## State

## Country

## Citizenship

*NAPLES,*

FL

US

US

## Mailing Address

*650 93rd Ave N.*

## City

## State

## ZIP

*34108*

## Country

US

**NAME OF SECOND INVENTOR:**

A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])*N/A*Family Name  
or SurnameInventor's  
Signature

## Date

## Residence: City

## State

## Country

## Citizenship

## Mailing Address

## City

## State

## ZIP

## Country

Additional inventors or a legal representative are being named on the \_\_\_\_\_ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Aaron Tabor
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	JAM770

I hereby appoint:

 Practitioners associated with the Customer Number:

30245

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:


OR

 Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

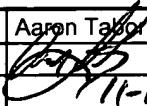
Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

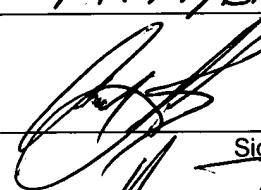
**SIGNATURE of Applicant or Assignee of Record**

Name	Aaron Tabor		
Signature			
Date	11-10-3	Telephone	1-239-370-0058

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

<b>ASSIGNMENT OF APPLICATION</b>		Docket Number (Optional) <b>JAM770</b>
<p>Whereas, I, <u>Aaron Tabor</u> of <u>NAPLES, FL</u>, hereafter referred to as applicant, have invented certain new and useful improvements in an article of manufacture and method for tree shaped candle holder</p> <p><input type="checkbox"/> for which an application for a United States Patent was filed on _____</p> <p>Application Number _____</p> <p><input type="checkbox"/> for which an application for a United States Patent was executed on <u>PRESIDENT OF "EVERSURE, INC."</u>, and</p>		
<p>Whereas, <u>Mark S. Grunberg</u> of <u>Fort Myers, FL</u> here referred to "assignee" whose mailing address is <u>3955 LUVERNÉ ST. FM. FL 33901</u> desirous of acquiring the entire right, title and interest in the same;</p>		
<p>Now, therefore, in consideration of the sum of <u>ONE</u> dollars (\$ <u>1.00</u>), the receipt whereof is acknowledge, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and the entire rights, title and interest in and to any and all Patents which may be granted therefore in the United States. I/We hereby authorize and request the Director of the U.S. Patent and Trademark Office to issue said United States Patent to said assignee, of the entire right, title, and interest in and to the same, for his sole use and behoof; and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.</p>		
<p>Executed this <u>10 TH</u> day of <u>NOVEMBER</u>, 20 <u>03</u> at <u>3955 LUVERNÉ ST. FT. MYERS, FL 33901</u></p>		
 <u>Aaron Tabor</u> <span style="float: right;">Signature</span>		
<p>State of <u>FLORIDA</u>) SS:</p> <p>County of <u>LEE</u>) Printed Name/Registration No., if applicable</p>		
<p>Before me personally appeared said <u>AARON TABOR</u> and acknowledged the foregoing instrument to be his free act and deed this <u>10TH</u> day of <u>NOVEMBER</u>, 20 <u>03</u>.</p>		
Seal	 Kendall S. Atkinson, IH MY COMMISSION # DD052450 EXPIRES October 15, 2005 BONDED THRU TROY FAIN INSURANCE, INC.	
<p>Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.</p>		
<p><input type="checkbox"/> Total of _____ forms are submitted.</p>		